Table D-11. Evidence table for studies addressing management of PPH (Teofili 2014)

| **Study** **Description** | **Intervention** | **Inclusion/Exclusion** **Criteria & Population** | **Outcomes** |
| --- | --- | --- | --- |
| **Author:**Teofili et al., 201414**Country:**Italy**Enrollment period:** Jan 2005 to Dec 2011**Birth setting:** Hospital**Facility characteristics:** Tertiary care, **Funding:**NR (Authors state no competing interests exist)**Design:** Case series, retrospective | **Intervention:** Transfusion**Groups:****G1:** intervention**N at enrollment:** **G1:** 71**N at follow-up:** **G1:** 71**Duration of treatment:** NR**Timing of treatment:** NR**Order of treatment:** NR**Length of follow-up:** NR | **Operational definition of PPH:** NRDefinition of success of treatment: NR**Method of blood loss measurement:** NR**Severity:** NR**Inclusion criteria:** patients receiving at least 3 units of blood within in 24 hours after delivery**Exclusion criteria:** NR**Maternal age, yrs, mean ± SD:****G1:** 34 ± 5.5**Parity, n:** NR **Weeks gestation, n (%):** NR**Single pregnancy, n (%):** NR**Multiple pregnancy, n (%):** NR**Race/ethnicity:** NR**BMI:** NR**Baseline hemoglobin:** NR**SES:** NR**Mode of birth, %:** Vaginal**G1:** 21Cesarean**G1:** 79**Risk factors, n (%):** Pregnancy associated hypertensive disorders**G1:** 8 (11.3)Preexisting morbidities**G1:** 21 (29.6)**Primary etiology of PPH, n (%):** NR | **Harms pre-specified:** No**Harms, n (%):** Transfusion-related acute lung injury (TRALI), including possible TRALI (defined as new onset hypoxemia within 6 hours after transfusion, with bilateral pulmonary changes, in absence of cardiogenic pulmonary edema) n: **G1:** 14Transfusion-associated circulatory overload (TACO) (d in above count)**G1:** 1 |